



# ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

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OFFICIAL USE

by

Alabama Athletic  
Commission

Acknowledgement  
of  
Receipt

## APPLICATION FOR LICENSURE

### AS A PHYSICIAN

☐ NON-RINGSIDE PHYSICIAN

☐ RINGSIDE PHYSICIAN

### Application must include Proof of Citizenship

I hereby make application for licensure in the State of Alabama to serve as a **PHYSICIAN** under the jurisdiction of the Alabama Athletic Commission:

1. Full Legal Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
*Street or Post Office Box City State Zip Code*

Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

3. Are you a United States Citizen? ☐ Yes ☐ No

If Yes, provide a US Citizen – Citizenship/Legal Presence Document (See Page 3).

If No, provide a Non-US Citizen – Citizenship/Legal Presence Document (See Page 3).

4. Are currently certified to perform cardiopulmonary resuscitation? ☐ Yes ☐ No

5. Have you taken and passed the Association of Ringside Physicians' (ARP) and American College of Sports Medicine's (ACSM) Certified Ringside Physician (CRP) Exam? ☐ Yes ☐ No

### AFFIDAVIT

I hereby certify that I am the person named above. I swear or affirm that the information provided on and attached to this application is true and accurate to the bests of my knowledge and belief. I further certify that I have reviewed and will comply with the State of Alabama Athletic Commission rules and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
APPROVED BY ALABAMA ATHLETIC COMMISSION DATE